Attention!

This form or schedule is provided for informational purposes and should not be reproduced on personal computer printers by individual taxpayers for filing.

The Form 5500 series of forms and schedules is printed on special paper with green drop-out ink so it can be processed by the new computerized processing system "EFAST". The Forms 5500 and 5500-EZ (and related schedules) are included in the appropriate packages that were mailed to all filers of record. These forms and schedules may also be obtained by calling 1-800-TAX-FORM (1-800-829-3676). Be sure to order using the IRS form number.

Check the Department of Labor's Web Site at www.efast.dol.gov for additional information concerning the new processing system, electronic filing, software, and "non-standard" filings.

Form **5500-EZ**

Department of the Treasury

Internal Revenue Service

Annual Return of One-Participant (Owners and Their Spouses) Retirement Plan

This form is required to be filed under section 6058(a) of the Internal Revenue Code.

► Type or print all entries in accordance with the instructions to the Form 5500-EZ.

Official Use Only

OMB No. 1545-0956

1999

This Form is Open to Public Inspection.

Form **5500-EZ** (1999)

Part I Annual R	eport identii	ication information		
For the calendar pla or fiscal plan year b			, and ending	MW7DD/YYYY
A This return is:	(1)	the first return filed for the plan;	(3) t	he final return filed for the plan;
	(2)	an amended return;		a short plan year return less than 12 months).
3 If you filed for an ext	ension of time to	file, check the box and attach a cop	by of the extension applicat	ion
Part II Basic Pla	an Informatio	n enter all requested inforr	mation.	
1a Name of plan			4,	
			3	
		47		
1b Three-digit pla	n number (PN) I		1c Date plan first became effective	
Caution: A penalty for	the late or incon	nplete filing of this return will be a	ssessed unless reasonat	ole cause is established.
		ies set forth in the instructions, I declare edge and belief, it is true, correct, and c		turn, including accompanying schedules, statement
signature of employer or pla	an administrator			
			Date	
Typed or printed name	of individual signin	g as employer or plan administrator		
0-				

Cat. No. 63263R

For Paperwork Reduction Act Notice, see the instructions for Form 5500-EZ.

Form 5500-EZ (1999) Page **2**

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2a	Employer's name and address (Address should include room or suite no.)					Ch
1)	Name Name					M
	Name Continued					
2)	Doing Business As (DBA) Name					
	C / O Name			10		
3)	Mailing Street Address (or Foreign Street)					
4)			13			
		K				
5)	Foreign Routing Code (Zip Code)	2b	Employe (Do not	er Identifica enter your	ation Numb Social Sec	er (EIN) curity Number)
6)	Foreign Mailing Country					
7)	City (or Foreign City)	2c	Employe	er's telepho	one number	
8)	State Zip Code	2d	Busines	s code		
3a	Plan administrator's name and address (if same as employer, enter "Same")		(see ins	structions)		
1)	Name					
	Name Continued					
	C / O Name					
2)	Street Address (or Foreign Street)					
3)	Foreign Routing Code (Zip Code)	3b	Adminis	strator's EIN	١	
4)	Foreign Mailing Country					
5)	City (or Foreign City)	3с	Adminis	strator's tele	ephone num	nber
6)	State Zip Code					
4	If the name and/or EIN of the employer has changed since the last return filed for this plan last return below:	, enter	the nam	ne, EIN and	the plan n	umber from the
а	Employer's name					
b	EIN C PN					
	X					



ı	Form 5500-EZ (1999)	Page 3	Official Use Only
5	Preparer information (optional)		Official Use Offiy
а	Name (including firm name, if applicable) and address		O
1)	Name Name		
	Name Continued		L Y
2)		L S	
3)	Foreign Routing Code	b EIN	
4)	Foreign Mailing Country		
5)		c Telephone number	er
6)	State Zip Code	<u> </u>	
6	Type of plan: (a) Defined benefit pension plan (attach Schedule B (Form 5500))		
	(b) Money purchase pension plan (see instructions) (d)	Stock bonus plan	
	(c) Profit-sharing plan (e)	ESOP plan (attach	Schedule E (Form 5500))
	If this is a master/prototype, or regional prototype plan, enter the opinion/notification letter num	ber	
D	Check if this plan covers:		
	(1) Self-employed individuals, (2) Partner(s) in a partnership, or	(3) 10	0% owner of corporation
0-			
вa	Enter the number of qualified pension benefit plans maintained by the employer (including this	pian)	
b	Check here if you have more than one plan and the total assets of all plans are more than \$10	00.000 (see instructions) >
		(,
_	<u>- </u>		Number
	Enter the number of participants in each category listed below:		
а	Under age 59 1/2 at the end of the plan year		
b	Age 59 1/2 or older at the end of the plan year, but under age 70 1/2 at the beginning of the p	ılan year	
		·	
С	Age 70 1/2 or older at the beginning of the plan year		
	Q-		
	20		



	Form 5500-EZ (1999)			Page	4		Official Use Onl	/
l0a	 (1) Is this a fully insured pension plan which is funded entirely by ins If "Yes," complete lines 10a(2) through 10f and skip lines 10g thro (2) If 10a(1) is "Yes," are the insurance contracts held: 	ough 13d.	-			Yes under a trust	(2)	No with no trust
l0b	Cash contributions received by the plan for this plan year					Ų.		00
С	Noncash contributions received by the plan for this plan year							.00
d	Total plan distributions to participants or beneficiaries (see instructions	s)			5			_00
е	Total nontaxable plan distributions to participants or beneficiaries			(6)VI				_00
f	Transfers to other plans		<u>-</u> C	NII				_00
g	Amounts received by the plan other than from contributions							.00
h	Plan expenses other than distributions							_00
	(A							
	(a) Beginning of Year				(b)	End of Ye	ear	
l1a	(a) Beginning of Year Total plan assets		_00		(b)	End of Ye	ear	_00
			00		(b)	End of Ye	ear	00
	Total plan assets Total plan liabilities Specific Assets: If the plan held any assets in one or more of the fo	llowing sp	_	egories, check				<u></u>
b	Total plan assets Total plan liabilities		_	egories, check	"Yes" and			<u></u>
b 12	Total plan assets Total plan liabilities Specific Assets: If the plan held any assets in one or more of the fo		ecific cate	egories, check	"Yes" and	d enter the		<u></u>
b 12 a	Total plan assets Total plan liabilities Specific Assets: If the plan held any assets in one or more of the foof the end of the plan year. Otherwise, check "No."		ecific cate	egories, check	"Yes" and	d enter the		as
b 12 a b	Total plan assets Total plan liabilities Specific Assets: If the plan held any assets in one or more of the foof the end of the plan year. Otherwise, check "No." Partnership/joint venture interests		ecific cate	egories, check	"Yes" and	d enter the		as 00
b 12 a b	Total plan assets Total plan liabilities Specific Assets: If the plan held any assets in one or more of the foof the end of the plan year. Otherwise, check "No." Partnership/joint venture interests		ecific cate	egories, check	"Yes" and	d enter the		as00
b 12 a b	Total plan assets Total plan liabilities Specific Assets: If the plan held any assets in one or more of the foof the end of the plan year. Otherwise, check "No." Partnership/joint venture interests		necific cate	egories, check	"Yes" and	d enter the		as00

	Form 5500-EZ (1999)			Page 5			
						Official Use Only	
		Yes	No		Amount	CA	
d	Employer securites					521	_00
е	Participant loans (see instructions)						00
f	Loans (other than to participants)				DI		_00
g	Tangible personal property						00
13	Check "Yes" and enter amount involved if any of the following transactions took place between the plan and a disqualified person during this plan year. Otherwise, check "No."	Yes	No	,o ^A	Amount		
а	Sale, exchange, or lease of property			TILL			00
b	Payment by the plan for services						_00
С	Acquisition or holding of employer securities	5					_00
d	Loan or extension of credit						_00
	If 14a is "No," do not complete line 14b and line 14c. See the specific	instruct	ions for lir	ne 14b and line 14c.		Yes	No
I4a	Does your business have any employees other than you and your spot their spouses)?		-		>		
b	Total number of employees (including you and your spouse and your	partners	and their	spouses)	▶		
С	Does this plan meet the coverage requirements of Code section 410(l	b)?			>		
I5a	Did the plan distribute any annuity contracts this plan year?				>		
b	During this plan year, did the plan make distributions to a married par joint and survivor annuity or were any distributions on account of the beneficiaries other than the spouse of that participant?	death of	a married	I participant made to	>		
С	During this plan year, did the plan make loans to married participants	?			>		

